

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of _____

Town of Miami

or

City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTHState Index No. 152County Registrar No. 879

Local Registrar No. _____

No. 310 Zinkerville St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Francis Phyllis Fulcher { If child is not yet named, make supplemental report, as directed.3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Oct. 10, 1926
Month Day Year8. FATHER
Full name Sidney Lee Fulcher9. Residence (Usual place of abode) Clifton, Arizona
If non-resident, give place and state.10. Color or race Cauc. 11. Age at last birthday 30 (Years)12. Birthplace (city or place) San Saba, Texas
(State or country)13. Occupation Cowman
Nature of Industry Cattle14. MOTHER
Full maiden name Francis Clara Casto15. Residence (Usual place of abode) Clifton, Arizona
If non-resident, give place and state.16. Color or race Cauc. 17. Age at last birthday 16 (Years)18. Birthplace (city or place) Alma, New Mexico
(State or country)19. Occupation Housewife
Nature of Industry20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) { (a) Born alive and now living 1 (b) Born alive but now dead _____ (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born at 12:40 p.m. on the date above stated
(Born alive or stillborn.)*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Cyril M. Brown M.D. (Physician or midwife).
Address Miami, ArizonaGiven name added from a supplemental report. Filed Nov 4, 1926 C. E. Finn
Month, day, year Local Registrar.

Registrar

Filed _____, 19____

County Registrar.

669-1010-636